

**SUMMARY OF PUBLIC COMMENTS
1115 WAIVER**

CATEGORIES OF COMMENTS	SUMMARY	RATIONALE
Service Array	Add several services, clarify HBFT & ICM, cover residential < 10 beds, culturally appropriate, & expand care coordination	The state agrees that new services would be a positive step and will continue work with the actuarial analysis and cost neutrality to evaluate whether additional services can be added. The state will clarify HBFT, ICM, & peer support in provider billing manuals and regulations accompanying the waiver.
Eligibility	Include functionality matrix, & include many additional eligible populations—particularly the over 65 years of age population	The state agrees that expanding eligibility would be a positive step and will work with the actuarial analysis and cost neutrality to evaluate adding over 65 group. The state will provide a functionality matrix in provider billing manuals and regulations accompanying the waiver.
ASO	Concerns about role, clarify role, exempt tribal populations and tribal health organizations, & include all BH funding	The state understands the concerns about the ASO; any change of this magnitude creates uncertainty. The state will carefully consider the public comments and clarify issues in the ASO RFP to the maximum extent possible. The state does not intend to exempt any behavioral health populations or providers at this time.
Workforce Development	Clarify workforce development items in application, need HIT & data training, & telemedicine is priority	The state will clarify workforce development details in policies/procedures and regulations accompanying the waiver.
Screening/ Assessment	Include trauma screening tool, allow OB/GYN professionals to conduct screening, & include SBIRT in all primary care settings	The state will include a trauma screening tool, will allow OB/GYN professionals to conduct screening & will include SBIRT in as many primary care settings as is financially feasible.
Length of Stay	Medical necessity should determine residential length of stay & must have step-up/step-down services in place before reducing residential length of stay	The state always intended that medical necessity will determine all lengths of stay in any setting, including residential. To the extent possible, the state will have step-up/step-down services accessible prior to accommodate shorter residential lengths of stay.
Regional Phase-in	Concerns re the regions & the regional roll-out of services.	The state has added language to the application that the state will work with

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		Tribes, Tribal Health Organizations, stakeholder representatives, and the ASO to further develop the regional approach as part of the waiver implementation plan.
Housing	Concerns that housing is not covered.	The state agrees that new services would be a positive step and will continue work with the actuarial analysis and cost neutrality to evaluate whether additional services can be added.
Therapeutic Foster Care	Clarify & expand TFC as currently defined in waiver; do not limit eligibility for TFC services under waiver.	The state will clarify TFC services in provider billing manuals and regulations accompanying the waiver. The state agrees that new services would be a positive step and will continue work with the actuarial analysis and cost neutrality to evaluate whether additional services can be added.
General questions, clarifications, and comments	Asks for clarification on the criteria for the inclusion of Home and Community Based Services waiver funded individuals for 1115 waiver services.	An individual is receiving 1915(c) services does not preclude them from receiving services through the 1115 if they are eligible. However, if an individual is eligible for 1115 services and is receiving 1915(c) services, limitations and exclusions will apply to prevent duplication of services.
	Asks for clarity on how individuals will transition in and out of waiver services and the determination process.	This level of detail will be addressed through the waiver implementation plan.
	Asks for clarity regarding the requirement for inpatient mental health or substance abuse general hospital stay and does that exclude inpatient substance abuse treatment stays.	Yes, inpatient substance abuse treatment is covered under the category "Inpatient mental health or substance abuse general hospital stay."
	Questions the requirement about peer-based crisis intervention services be 'used in the event that there is a waitlist for services'. Suggests that might be too restrictive and asks for clarity on the waitlist specifically.	This level of detail will be addressed through the waiver implementation plan.
	Asks for more clarity regarding the definition of housing and employment services proposed in the waiver.	This level of detail will be addressed through the waiver implementation plan.

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Asks for more detail on how people transition on and off waiver services, what resources will be available to lower acute settings that are expected to take on higher risk clients, and how clients will navigate the new system.	This level of detail will be addressed through the waiver implementation plan.
Asks for clarity on what rehabilitations services will be available outside the waiver for individuals not meeting waiver criteria.	Behavioral health-related state plan services will also be available.
Asks for clarity on the term 'acute'	This level of detail will be addressed through the waiver implementation plan.
Asks for clarity on the number of providers regarding MAT	Application language is now clarified.
Asks clarity on if a person qualifies for this level of service, do they ever lose their eligibility.	Continuation of services under the waiver are tied to medical necessity.
Asks for clarity on what is meant by 'mental health day treatment will be based on the ASAM PPC Level 2.5'.	State agrees that this is confusing. Reference to ASAM has been removed.
Asks for clarity on referral to treatment for those identified and does that include tobacco use.	This level of detail will be addressed through the waiver implementation plan.
Asks for clarity about if counseling and/or other recovery services will be included in the proposed services for MAT and Ambulatory Detox.	MAT services include counseling.
Questions the efficacy of the data in Appendix C, page 3, table 1.	These are preliminary estimates; eligibility and budget considerations are ongoing.
Asks for clarity on the role that peer-based support services play in a patient's recovery.	This level of detail will be addressed through the waiver implementation plan.
Asks for clarity on what is included and funded in recovery support services.	This level of detail will be addressed through the waiver implementation plan.
Asks for clarity on to what extent peer-based crisis services will be offered.	This level of detail will be addressed through the waiver implementation plan.
Asks for clarity if intensive case management services applied to only the youth, or to others in the family.	This level of detail will be addressed through the waiver implementation plan.
Asks if 20 hours of service per week is a minimum requirement for mental health day treatment.	This level of detail will be addressed through the waiver implementation plan.

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	Asks for clarification for levels of service for home-based treatment, including family therapy.	This level of detail will be addressed through the waiver implementation plan.
	Asks for clarification on how the state will address what types of residential treatment services will be provided by the waiver, and possibly removed in the state plan.	This level of detail will be addressed through the waiver implementation plan.
	Asks for clarification on what components of residential care would be covered and reimbursable under the waiver.	This level of detail will be addressed through the waiver implementation plan.
	Asks for clarity on how often individuals will be assessed for eligibility of waiver services.	This level of detail will be addressed through the waiver implementation plan.
	Supports cost saving measure that will enhance the sustainability of Alaska's long-term services and supports.	Thank you for your comment.
	Comments that the AMHTA and DHSS share a statutory responsibility to prepare and maintain an integrated comprehensive mental health program.	Thank you for your comment.
	Concerns about declining grant dollars, behavioral health billing rates, and proposed services that will be changed or eliminated regarding the financial fragility of BH providers.	Thank you for your comment.
	Supports the request for the waiver of federal authority for the IMD exclusion.	Thank you for your comment.
	Strongly supports the selected target populations.	Thank you for your comment.
	Supports services in the waiver that will provide enhanced services to beneficiaries engaged in the justice system.	Thank you for your comment.
	Recommends reducing the documentation burden for providers and strongly recommends a focus on the alleviation of duplicative and time-intensive documentation where possible.	Thank you for your comment.
	Suggests that good communication, meaningful partnership and collaboration, and a clear vision based	Thank you for your comment.

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	on shared values are all essential to the success of behavioral health reform in Alaska.	
	Comments on public comment/provider input during the drafting of the application, questions the opportunities provided by the State for meaningful contribution.	Thank you for your comment.
	Suggests that the draft application focuses on what is hoped to be achieved and lacks critical detail on how it might be achieved.	This level of detail will be addressed through the waiver implementation plan.
	Supports the focus on early intervention.	Thank you for your comment.
	Supports waiver application.	Thank you for your comment.
	Concerns about the existing behavioral health system in Alaska, and specifically in Fairbanks.	Thank you for your comment.
	Concerns about the lack of services for Alaskans with severe mental illness and substance use disorders.	Thank you for your comment.
	Supports the 1115 waiver but concerned the waiver criteria is set too high and excludes people who need services.	Behavioral health-related state plan services will supplement waiver services.
	Concerns that the mental health system in Fairbanks is not adequate.	Thank you for your comment.
	Recommends increased mental health services.	Thank you for your comment.
	Concerns about linking behavioral health and physical health needs in the waiver.	Thank you for your comment.
	Encourages cooperation between DBH and HCS to address behavioral and physical health needs.	Thank you for your comment.
	Recommends wordsmithing the Existing Behavioral Gaps in Services section of the application to note that historically there has not been a systematic approach to developing services or service continuums.	Thank you for your comment.
	Supports the request for the IMD inclusion	Thank you for your comment.
	Supports target group populations #2 and 3	Thank you for your comment.

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	Supports the evaluation component of the waiver.	Thank you for your comment.
	Encourages targeted, data-driven decisions that focus on system gaps.	Thank you for your comment.
	Recommends the State mitigate administrative burdens on providers for waiver services.	Thank you for your comment.
	Supports the application and are currently assessing gaps in the Fairbanks system to help advocate for more and improved services.	Thank you for your comment.
	Recommends there is a close relationship between behavioral health and primary care and encourages an integrated system of care.	Thank you for your comment.
	Suggests that the waiver include adoption by reference the work of the Alaska Health Workforce Coalition and include their action agenda as a resource to help achieve the goals of the waiver.	The state is planning periodic updates for Tribes and stakeholders.
	Recommends the State develops a system to track the behavioral health outcomes for those denied care or who otherwise would have been served prior to the implementation of the 1115 waiver.	Thank you for your comment.
	Although generally supportive of the waiver, concerns that the waivers' design elements do not account for the unique challenges faced by Alaska Tribal Health System (ATHS) and would preclude the patients they service from benefiting from waiver services.	Thank you for your comment.
	Recommends that the waiver be structured to support and enhance the existing tribal system.	Thank you for your comment.
	Requests that the State hold monthly teleconferences to update ATHS on waiver negotiations with CMS.	The state is planning periodic updates for Tribes and stakeholders.
	Requests the State continue to meet with Tribal BH Directors and the Tribal Medicaid Task Force to provide updates on the development of the waiver.	The state is planning periodic updates for Tribes and stakeholders.

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	Suggests the State should design and implement the waiver to improve access of care for women of reproductive age.	Thank you for your comment.
	Suggests the State recognize and value the role of reproductive health providers in integrated care for women with behavioral health needs.	Thank you for your comment.
	Recommends that the State clarify that OB/GYNs are included in the definitions of primary care providers.	Thank you for your comment.
	Recommends that the ASO be required to engage a sufficient number of reproductive health providers to serve women with participate in behavioral health programs.	Thank you for your comment.
	Recommends that the State consider adding reproductive health care quality measures, such as well-woman visits, to the list of quality and performance measures for the waiver.	Thank you for your comment.
	Concerned about the assumption that cost-neutrality can be achieved through reductions in acute services.	Thank you for your comment.
	Recommends that the State supports and incentivizes lower levels of care, recognizing that lower levels of care include inpatient care at the community hospital level.	Thank you for your comment.
	Concerned about the efficacy of the Milliman data regarding the proposed fiscal impact of the waiver, specifically regarding the integration of physical and behavioral health.	Thank you for your comment.
	Concerned that the waiver does not fully address the integration of physical and behavioral health.	Thank you for your comment.
	Recommends adding alcohol data to the rationale.	Thank you for your comment.
	Recommends wordsmithing the section on Target Group #3 including 'Assessments will be used to develop diagnoses and treatment plans.'	Thank you for your comment.
	Recommends adding 'Reduce number of days of out-of-home placement" under Group 1.b	Thank you for your comment.

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	Suggests that instead of shifting care from a more expensive setting to a less costly setting, the focus should be to intervene and address needs early to shift the need level of the populations from more intense to less intense.	Thank you for your comment.
	Recommends that an expansion of the types of providers who can bill for Medicaid will eliminate waiting lists and expand the settings where those with mild and moderate needs can be seen.	Thank you for your comment.
	Suggests that developmental (i.e. assessing the developing system of care) and formative (i.e. focused on evaluating outcomes and impacts of the waiver) evaluation be included in the evaluation process.	Thank you for your comment.
	Encourages coordinated care between BH providers and primary care physicians, specifically including individuals with SMI.	Thank you for your comment.
	Encourages incentive and value-based payments.	Thank you for your comment.
	Encourages collaborative opioid prescription education.	Thank you for your comment.
	Encourages Recovery Oriented Systems of Care (ROSC)	Thank you for your comment.
	Encourages telehealth, smartphone, online, and other health technology.	Thank you for your comment.
	Encourages Alaska to adopt the managed care model.	Thank you for your comment.
	Suggests that focused integration efforts between community behavioral health providers and primary care could increase the capacity to provide the brief solutions outlines.	Thank you for your comment.
	Suggests Alaska Health Care centers have experience with integrating behavioral health and SUD services with their primary care practices, although they acknowledge there are communication barriers.	Thank you for your comment.
	Encourages the state to identify primary care as a key partner in providing coordinated SUD services.	Thank you for your comment.

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	Encourages Alaska to adopt the managed care model.	Thank you for your comment.
	Supports an integrated behavioral health system of care for children, youth and adults with SMI and SUD.	Thank you for your comment.
	Suggests that the State include social determinants of health as a core element of the waiver proposal to ensure that the proposed programs support remote, rural and urban settings for providing behavioral health services.	Thank you for your comment.
	Suggests more clarity is needed on how the State will replace the services proposed to be deleted from state plan.	This level of detail will be addressed through the waiver implementation plan.
	Suggests that shortage of access to outpatient care needs to be addressed through regulation and SPA changes, implementation of rate rebasing, and reduction of paperwork burden	Thank you for your comment.
	Recommends that re-basing BH rates occur before the waiver is implemented.	Thank you for your comment.
	Although generally supportive of the waiver, concerns that the waivers' design elements do not account for the unique challenges faced by ATHS and would preclude the patients they service from benefiting from wavier services.	Thank you for your comment.
	Recommends that the waiver be structured to support and enhance the existing tribal system.	Thank you for your comment.
	Requests that the State hold monthly teleconferences to update ATHS on waiver negotiations with CMS.	The state is planning periodic updates for Tribes and stakeholders.
	Requests the State continue to meet with Tribal BH Directors and the Tribal Medicaid Task Force to provide updates on the development of the waiver.	The state is planning periodic updates for Tribes and stakeholders.
	Concerns about removing rehabilitative services.	This level of detail will be addressed through the waiver implementation plan.

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	Concerns about the use of psychiatric drugs for mental health treatment.	Thank you for your comment.
	Concerns about the use of standardized psychiatric screenings.	Thank you for your comment.
	Suggests that outreach to other divisions in the state is essential for waiver success.	Thank you for your comment.
	Recommends consideration in the State Plan for individuals who will not qualify for waiver services.	The state agrees.
	Recommends that CMS allows the proposed behavioral health rate adjustments are allowed in the cost neutrality methodology.	Thank you for your comment.
	Recommends the State integrates primary and behavioral health care in regards to cost neutrality.	Thank you for your comment.
	Concern about funding matching the program needs, specifically home and community-based services. Drive time, mileage, no-show rates, sessions overages are given as examples.	Thank you for your comment.